



OFFICE OF CONSUMER AFFAIRS  
One South Station • Boston, MA 02110

DIVISION OF INSURANCE - Julianne M. Bowler, Commissioner  
• (617) 521 - 7794 • Fax (617) 521 - 7770

**APPLICATION FOR VIATICAL SETTLEMENT OR VIATICAL LOAN BROKER LICENSE –  
CORPORATIONS, PARTNERSHIPS & LIMITED LIABILITY COMPANIES**

**INSTRUCTIONS** -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Submit one of these applications for each Officer, Director, Partner, or Designated Employee, or member with authority to conduct business for the Corporation or Partnership. **Please note any individual to be covered under the corporate license must be individually licensed as a viatical settlement or viatical loan broker.**
- Sign and date the application.
- Return this application with a check for \$75.00 to the Division of Insurance per licensed Officer, Director, Partner, or members or designated employees licensed under the Massachusetts Viatical Settlements Act.

**Corporations must also include:**

- A Plan of Operation for your proposed business activities pursuant to the requested license
- A certified copy of the Articles of Organization
- A Certificate of Existence from the Secretary of State for a corporation
- Signed minutes of meeting authorizing the Officers and/or Directors of the Corporation to conduct business on behalf of the Corporation

**Partnerships must also include:**

- A Certificate of Existence from Municipality in which they do business

**LLC's must also include:**

- A Certified copy of the Certificate of Organization
- A Certificate of Existence from the Secretary of State
- Signed minutes of meeting authorizing members of the LLC to conduct business on behalf of the LLC

**Non-Resident Corporate Brokers must also provide:**

- Provide a certificate of good standing, not more than 90 days old, from your home state.
- A written designation of an agent for service of process or a written irrevocable consent that any action against the applicant may be commenced against the applicant by service of process on the Commissioner.
- Answer every question accurately and completely. Incomplete applications will be returned.

**If you have any questions or need assistance, please contact Licensing at (617) 521-7794.**

The application form with your check should be mailed to:

Division of Insurance

**Producer Licensing Section**

One South Station

Boston, Massachusetts 02110 - 2208

***Please Print or Type***

To the Commissioner of Insurance:

Fed ID # \_\_\_\_\_

Application is hereby made for a Corporate Viatical Settlement or Loan Broker License issued to:

Insert exact name of the Corporation, Partnership, or LLC as it will appear on the license. You may only conduct business in the name shown above. Settlements or Loans will be brokered on behalf of and in the name designated above by:

\_\_\_\_\_

\_\_\_\_\_

Specify only Officers, Directors, Partners, members or designated employees with authority to conduct business; list their names and all of the titles of office held by each person. Complete one of these applications for each person named above.

- |    |                    |        |       |        |                                   |
|----|--------------------|--------|-------|--------|-----------------------------------|
| 1. | Full Legal Name:   | _____  | _____ | _____  | _____                             |
|    |                    | Last   | First | Middle | Jr./Sr.                           |
| 2. | Social Security #: | _____  |       | 3.     | Date of Birth: ____ / ____ / ____ |
| 4. | Home Address:      | _____  |       | 5.     | Tel # (____) _____                |
|    |                    | Street | City  | State  | Zip                               |

6. Business Address: \_\_\_\_\_ 7. Tel # ( ) \_\_\_\_\_  
 Street City State Zip

8. Lines of Insurance: ( ) Life

9. Residence (last 5 years) \_\_\_\_\_  
 Street City State Zip

10. Occupation (last 5 years):  
 From / / to / / Duties or Title: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City State Zip  
 From / / to / / Duties or Title: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City State Zip

11a Do you engage in any business other than Viatical Settlements [ ] Yes [ ] No  
 If YES, please describe (include amount of time spent): \_\_\_\_\_

11b Brokers' License applying for: [ ] Viatical Settlement [ ] Viatical Loan

12. Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as an agent, broker, or motor vehicle damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has any insurance company cancelled any contract of employment or an appointment of, or a license to you as its agent for any reason, or has any other public official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you to pursue any trade, calling, or profession or refused to issue or renew any such license or authority or discharged or removed you from any public office or position?  
 [ ] Yes [ ] No (If YES, attach details)

13. Have you ever filed a petition or have you been petitioned into bankruptcy or insolvency, or have you ever made any assignment for the benefit of or any composition with your creditors, or have you ever been under guardianship or other legal disability?  
 [ ] Yes [ ] No (If YES, attach details)

14. Have you ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or plead nolo contendere to any indictment or complaint for such crime or offense, or is there pending against you any indictment, complaint, or proceeding for a violation of such laws?  
 [ ] Yes [ ] No (If YES, attach details)

15. Have you ever changed your name through marriage or a court of law?  
 [ ] Yes [ ] No (If YES, attach details)

16. If the applicant is to conduct business under any name or title other than his real name, a certificate must be filed with the City or Town Clerk as required by Section 5 of Chapter 110 of the General Laws; however, prior to filing same, approval should be obtained from this Department. A copy of such certificate certified by the City or Town Clerk must be filed with this Department (Applies to Partnership ONLY).

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ YEAR  
 \_\_\_\_\_, Applicant \_\_\_\_\_  
 full signature print name

*Please Note: This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with all of the Commonwealth's laws regarding taxes.*